

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-047876

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 201

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OFUSE BLACK INK
OR
TYPEWRITER RIBBON

FILED JAN 6 1964

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Howell</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>West Plains</u> | | c. CITY OR TOWN <u>Pomona</u> | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>West Plains Hospital</u> | | d. STREET ADDRESS <u>Route 1</u> | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Ivan</u> Middle <u>Charles</u> Last <u>Snyder</u> | | 4. DATE OF DEATH Month <u>December</u> Day <u>31</u> Year <u>1963</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>7-25-90</u> |
| 9. AGE (last birthday) <u>73</u> | | 10. IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Union Pacific Railroad & Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Decatur CO., Kans.</u> | |
| 11. BIRTHPLACE (City and state or country) <u>USA</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>Thomas Snyder</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Margaret Cummings</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Mayme Snyder</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u> | |
| 16. SOCIAL SECURITY NO. <u> </u> | | 17. INFORMANT Address <u>Mayme Snyder, R 1, Pomona, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular Thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>30 Min</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> | | <u>2 Yrs</u> | |
| DUE TO (c) <u>Senile debility</u> | | <u>5 Yrs</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic Heart Disease</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY <u> </u> STATE <u> </u> |
| 21. I attended the deceased from <u>January, 1960</u> to <u>Dec. 31, 1963</u> and last saw ^{SEX} him alive on <u>Dec. 2, 1963</u> Death occurred at <u>6:20</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | 22c. DATE SIGNED <u>1-2-64</u> | |
| 22a. SIGNATURE <u>Murray Pritchard MD</u> (Degree or title) | | 22b. ADDRESS <u>West Plains, Missouri</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE <u>1-3-1964</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Mackay Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Pomona, Missouri</u> (State) |
| 24. FUNERAL DIRECTOR <u>Carter Funeral Home, W. Plains, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>1-3-64</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Glenn Carter

Licensed Embalmer No. 4516

P. O. Address West Plains, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.